

Pre-Registration for 2015-2016 School Year

We are now accepting registration for Fall 2015-2016 classes. The forms required to register your child(ren) are the Enrollment Questionnaire, Parent/School Agreement and Daycare/Head Start Health Record (State Form 49969 (R3/11-11)). These forms can be found on our website (www.weekdaypreschoolfbc.com) or are attached to this cover letter. Any questions please call (317) 894-2645 church office, (317) 695-3083 (Sandy Steele's cell) or email weekdaypreschoolfbc@yahoo.com.

The questionnaire and agreement forms should be returned prior to the beginning of preschool with a non-refundable \$40 registration fee. A \$35.00 supply fee will be due at the parent orientation night prior to the beginning of preschool. Weekday Preschool's first day of class will be **MONDAY, August 17, 2015** for the Pre-K class, Tuesday, August 18 for the Primary and Tuesday Toddler Classes and Wednesday, August 19 for Wednesday Toddler Class. The immunization form is not due until the first day of school. No child will be allowed to attend preschool until his/her immunization form is on file in the director's office. There is a 20% sibling discount offered by the preschool. Please note that we have extended preschool by 30 minutes, thus the increase for the tuition.

Classes offered are:

Toddler Class

2 years old by August 1

Classes either Tuesday **or** Wednesday mornings

8:45-11:45 a.m.

\$50.00 tuition per month

Primary Class

3 years old by August 1

(should be potty trained)

Classes will meet on Tuesday **and** Thursday mornings

8:45-11:45 a.m.

\$85.00 tuition per month

Pre-Kindergarten Class

4 years old by August 1

8:45-11:45 a.m.

Classes will meet on Monday, Wednesday **and** Friday

\$110.00 tuition per month

We prorate the tuition to be the same for each month, so there will be no tuition due for the month of August.

Weekday Preschool
Cumberland First Baptist Church
116 S. Muessing, Indianapolis, IN 46229

ENROLLMENT QUESTIONNAIRE

Date of Registration _____ Year to be Enrolled _____

Child's Name _____

Name used at Home _____

Age _____ Date of Birth _____ Sex _____

Address _____

City _____ Zip _____

Father's Name _____

Home Phone _____ Cell Phone: _____

Work Phone _____ Text Messages: yes or no

Home Address _____

Mother's Name _____

Home Phone _____ Cell Phone: _____

Work Phone _____ Text Messages: yes or no

Home Address _____

Names and ages of other children living at home _____

Religious Affiliation _____

CIRCLE CLASS DESIRED: Toddler Primary Pre-K

Tues or Wed

MEDICAL HISTORY OF CHILD:

Has your child ever had:

_____ Measles _____ Mumps _____ Chicken Pox
_____ Whooping Cough _____ Meningitis _____ Seizures

****ALLERGIES**** (food, bee stings, medication, etc.). Please be specific:

Any evidence of hearing loss or difficulties: _____

Any evidence of vision difficulties? _____

*Any other pertinent information about your child you feel we should know that might help in our relationship with him/her (i.e., extreme shyness, speech difficulty, etc): _____

How did you find out about our preschool? _____

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Parent/School Agreement

The following conditions involved in the care of _____
(name of child)

Are understood and agreed upon between Weekday Preschool of the Cumberland First Baptist Church
and _____.
(parent or guardian)

The School Agrees That

Date _____

1. In return for the sum which that parent agrees to, the school will give regular care to the above named child from 8:45 a.m. to 11:45 a.m. for _____ days per week, except for Saturday, Sunday and the specified school holidays.
2. The school will exercise reasonable care and judgment, in all matters related to the welfare and safety of the child.
3. In case of an accident or illness to the child, the staff member will promptly take such reasonable measures as are, in her judgment, in the best interests of the child, and will notify the parents as soon as possible.
4. The school will provide, in addition to physical care, the following services:
Religious, emotional, social, and mental development opportunities in a group learning situation.
5. The school will provide a morning snack for each child.
6. The school will not release the child to anyone other than the parent or guardian unless there is written permission from the parent or guardian.
7. The school will provide accident insurance coverage.
8. The school will try to provide toys and equipment in sufficient quantity to allow for a variety of play and learning activities during the day.
9. If any of the following school systems are closed or delayed due to inclement weather or an emergency, Weekday Preschool will also be closed. If any of these schools are on a 2-hour delay, Weekday Preschool's hours will be 10:30 a.m. to 12 noon.
These schools are: Warren Township, Mount Vernon, Southern Hancock (New Palestine) and Greenfield Central School Districts. The director of Weekday Preschool also has the right to make an exception for school closure if deemed necessary.

The Parent Agrees That:

1. The parent will pay the school on the first of each month in the tuition envelope provided in the sum of \$_____ for enrollment of the above named child for _____ days a week.
2. The parent will not violate the hours of enrollment agreed upon.
3. If the child needs a patented or prescribed medicine during the morning, he/she will not be brought to school...unless he/she has a written note for the school file from his/her doctor that he/she is able to be in a group situation and still needs the medicine. The medicine will not be administered without signature of doctor or parent.
4. In case of illness or accident when a parent cannot be contacted by the school and in the judgment of the staff member the illness or accident requires a physician, Dr. _____ may be called at (phone) _____ at the parent's expense. The child may be transported to the following hospital if necessary (name of hospital) _____.
5. In the event of contagious illness the parent will notify the school and remove the child and not allow him/her to return until all danger of contagion is past.
6. In all emergencies, the school has permission to take such reasonable measures as are, in the judgment of the staff, necessary to the welfare and safety of the child.
7. The school reserves the privilege of dismissing any child if after entering he/she seems unable to participate in the group activities or experiences.
8. Liability for the acts of the child while he is under the care of the school is the parent's responsibility.
9. The school is not liable for accidents or illness occurring to the child while he/she is in its care.

BOTH PARTIES: Weekday Preschool of Cumberland First Baptist Church and the Parent or Guardian understand and agree that:

1. This agreement is a contract binding for both the school and the parent.
2. The contract may be terminated by either the parent or guardian or the school upon notification of intention at least two (2) weeks in advance or at any time by mutual agreement.

_____	Date _____
(Signature of Parent or Guardian)	
_____	Date _____
(Authorized Signature of School)	